

## Fee Processing Card Instructions

Please read these instructions carefully. Complete and detach the bottom portion at the dotted line. Keep the top part for your records. Return the bottom part with your payment as instructed. Insurance forms may be downloaded from our website at [www.michigan.gov/ofis](http://www.michigan.gov/ofis)

Attach this Fee Processing Card below (form FIS 0223) to your payment for:

- ☐ **Mailing address changes for producers, agencies, solicitors, counselors and adjusters only** (using FIS 0263 Address Change form).
- ☐ **Applications for insurance license** (using forms FIS 0202, FIS 0220, FIS 0221 and/or the NAIC Uniform Applications).

NO FEES ARE REQUIRED FOR CERTIFICATION AND CLEARANCE LETTERS, DUPLICATE LICENSES OR NAME CHANGES. Do not include this fee processing card or payment with these requests. Use form FIS 0261 Document Request for certification/clearance letter or duplicate license. Use form FIS 0262 Name Change to notify us if your name has changed. If you submit form FIS 0262 Name Change or form FIS 0263 Address Change, please do not request a duplicate license. We will automatically issue a new license document and send it to your mailing address.

Please make your payment using a money order, agency or company check, or cashier check made payable to: State of Michigan. Cash and personal checks will not be accepted. Fees submitted are non-transferable and non-refundable.

Complete the Fee Processing Card, by typing or printing the applicant or licensee name and Social Security Number (for individuals) or Federal Employer I.D. Number (business entities). When using the card for an *application*, check to indicate your application type.

**Applications if an exam IS required:** Submit your application form, FIS 0223 Fee Payment Card, and payment to the Promissor staff at the exam site when taking your exam.

**Applications if an exam IS NOT required:** Submit your completed application, form FIS 0223 Fee Payment Card, and payment to the address at the right.

**Address changes:** Check the appropriate box on the Fee Processing Card. Submit form FIS 263 Address Change, form FIS 0223 Fee Payment Card, and payment to the address at the right.

*Mailing address*      **Promissor/OFIS**  
**PO Box 23127**  
**Lansing MI 48909-3127**

*Delivery address*      **Promissor/OFIS**  
**Suite 6**  
**6920 S. Cedar St**  
**Lansing MI 48911-6924**

Visit OFIS on the Web at:  
[www.michigan.gov/ofis](http://www.michigan.gov/ofis)



**Michigan Department of Consumer & Industry Services**  
*"Serving Michigan... Serving You"*



Phone OFIS toll-free at:  
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



**Please cut form on this line. Retain top part for your records. Return bottom part with your payment. Please do not use staples.**



FIS 0223 (10/02) Office of Financial & Insurance Services

## Fee Processing Card

Use a separate card for each application or address change.

If you have questions about this form, please phone us toll-free at 877-999-6442.

| Application Type  |          | Amount Due |
|---|----------|------------|
| <input type="checkbox"/> Resident Producer/Agency                   | 98-05-01 | \$10.00    |
| <input type="checkbox"/> Non-Resident Producer/Agency               | 98-04-01 | \$10.00    |
| <input type="checkbox"/> Solicitor                                  | 98-06-01 | \$20.00    |
| <input type="checkbox"/> Counselor                                  | 98-02-01 | \$20.00    |
| <input type="checkbox"/> Insurance Adjuster                         | 98-03-01 | \$15.00    |
| <input type="checkbox"/> Adjuster for the Insured                   | 98-01-01 | \$15.00    |
| <input type="checkbox"/> Surplus Lines Producer/Agency              | 98-07-13 | \$110.00   |
| <input type="checkbox"/> Non-Resident Surplus Lines Producer/Agency | 98-14-01 | \$110.00   |

| Address Change Request                  |          | Amount Due |
|---|----------|------------|
| <input type="checkbox"/> Address Change | 98-19-32 | \$3.00     |

Name (Last, First, Middle) or Business Entity name

Social Security Number (individuals)  
or Agency Federal Employer ID

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**Make agency or company  
check or money order for  
full amount due,  
payable to  
State of Michigan**

Authorized by PA 218 of 1956 as amended. Failure to properly complete and submit this form may result in processing delays.